

TO HOSPITAL - ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 9/60

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
CERTIFICATE OF DEATH 1/5/65											
15524 Items 8 & 9, See birth certificate filed with this office											
19499											
1. PLACE OF DEATH a. COUNTY PRINCE GEORGE				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND				b. COUNTY LAUREL			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LAUREL				c. LENGTH OF STAY IN 1b LIFE				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SAME			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 710 MONTGOMERY ST				d. STREET ADDRESS 710 MONTGOMERY ST				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES PHILIP NICHOLS				4. DATE OF DEATH Month Day Year DEC 27 1964							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1922 OCT 5 1923		9. AGE (In years last birthday) 41 1/2 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER				10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE				11. BIRTHPLACE (County & State, or foreign country) MARYLAND			
12. CITIZEN OF WHAT COUNTRY? USA.				13. FATHER'S NAME ROLAND LAWRENCE NICHOLS				14. MOTHER'S MAIDEN NAME MAE POWERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO				16. SOCIAL SECURITY NO. 213-12-3722				17. INFORMANT Address MARGARET R ANDERSON - 924 NICHOLS DRIVE LAUREL			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY INFARCTION 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) CORONARY THROMBOSIS (c) ARTERIOSCLEROSIS INSTANT AT LEAST 2 MONTHS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) NONE 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NONE				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) NONE				20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. NONE			
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NONE				20f. (City or town) (County) (State) LAUREL MARYLAND			
21. I certify that (I) (this hospital) attended the deceased from OCT 25 1964 to PRESENT , 19 1964 , the (1) (we) last saw the deceased alive on DEC 22 1964 , and that death occurred at 10 PM , from the causes and on the date stated above.											
22a. SIGNATURE John R. Buell				22b. DATE SIGNED 12/27/64				22c. PHYSICIAN'S NAME (Type) JOHN R. BUELL M.D.			
22d. ADDRESS 402 MAIN ST LAUREL MD				22e. PHYSICIAN'S M.D. JOHN R. BUELL M.D.				22f. MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			
23a. BURIAL, CREMATION, or other disposal (Specify) Burial				23b. DATE THEREOF 12/30/64				23c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery Laurel Maryland			
23d. LOCATION (City, town or county) (State) Laurel Maryland				23e. REG'D BY REGISTRAR DATE JAN 4 1965				23f. REGISTRAR'S SIGNATURE Charles Judge			
24. FUNERAL DIRECTOR'S SIGNATURE William Sanadon				24a. ADDRESS Laurel, Md				24b. REGISTRAR'S SIGNATURE Charles Judge			